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Title: The 'imagined recovery community': A conceptualisation of the recovery community.

Abstract

In recent years the concept of the 'recovery community' has gained considerable momentum in both the academic literature, as well as government policy. Despite this, there remains a lack of understanding of the recovery community. This is a theoretical paper designed to provide our conceptualisation of the recovery community. Drawing on Anderson's 'imagined communities', and MacMillan and Chavis' 'sense of community', we propose that the recovery community can be perceived as 'imagined'. A key component of our conceptualisation is language, and the power it has to unlock, and shape, the cultural beliefs of people in recovery from substance dependency, regardless of their location. The implications of this paper are that it further sparks debate into how we perceive people in recovery, as well as providing a platform that will continue to fuel the enthusiasm already behind the recovery community.

Keywords

Anderson, imagined community, community, recovery, substance dependence

Introduction

In recent times the concept of recovery has rapidly moved up the official policy agenda (Mistral & Wilkinson, 2013), and is now a central focus for policy (Home Office, 2010; UK Drug Policy Commission, 2008), research, and practice (Berridge, 2012; Laudet & Humphreys, 2013; Roberts & Bell, 2013). This new focus has seen a redoubling of efforts to define the somewhat slippery concept of 'recovery' (Betty Ford Institute Consensus Panel, 2007; UK Drug Policy Commission, 2008; White, 2007). Peer based recovery systems (White, 2009) and post-treatment recovery support mechanisms (McKay, 2009) are gaining a foothold in the recovery drive, as well as a renewed emphasis of concepts such as 'recovery capital' (Cloud & Granfield, 2008, 2009; Granfield & Cloud, 1999, 2001).

With the emergence of recovery in the UK (Berridge, 2012; Roberts & Bell, 2013) and the ongoing recovery movement in the US (Laudet & Humphreys, 2013; White, Kelly, & Roth, 2012), there has been a rapid growth of 'grass roots' organisations focusing on the family, social networks and the wider environment within which recovery can be supported; or indeed undermined (White et al., 2012). Where these were once private, anonymous organisations such as Alcoholics Anonymous (AA), a larger recovery community has emerged, with, for example, over 100,000 individuals in recovery celebrating 'Recovery Month' across 200 public events in the US each year (Mistral & Wilkinson, 2013). Local recovery services are beginning to emerge that aim to holistically facilitate recovery efforts. For example, communities are beginning to encourage recovery coaching and support, a wider variety of resources

such as housing, education, employment, and social networking opportunities that address the wider needs of people seeking to recover from substance dependency (Mistral & Wilkinson, 2013; White et al., 2012). Such recovery communities are thought to encourage recovery maintenance by establishing links with a community of peer support (White, 2007).

The 'recovery community'

The 'recovery community' is a term defined by William White as:

> *"[…] the sense of shared identity and mutual support of those persons who are part of the social world of recovering people"* (White & Kurtz, 2006, p. 31)

The 'social world of recovering people' refers to a more abstract, non-physical community that potentially incorporates anyone that considers themselves to be in recovery. The 'recovery community' is comparable to other abstract groups of people, such as 'the Christian community', 'the gay community' or 'the farming community'.

While the political and cultural mobilisation of people in recovery has reshaped addiction treatment (Mistral & Wilkinson, 2013), with the rise of peer based support services and a holistic promotion of the recovery agenda (White et al., 2012), little attention has been afforded to better understanding the 'recovery community'. Perhaps a greater issue is that despite the 'recovery community' continuing to appear in research, policy and practice texts, there is little critical discussion as to

what this term means and the questions that are raised by it. For example, what of those individuals that do not self-identify with a recovery identity or any part of their addiction past? What about those who spontaneously recover without the support of any recognisable organisation, professionally led, or otherwise? What of those individuals with no prior issues of dependency, but still affiliated to the recovery community through a dependent family member or friend? And what of those in recovery who are unaware of a wider recovery community? Can they be considered part of the recovery community if they have no knowledge of it?

Our conceptualisation of the recovery community addresses these questions. It also provides a theoretical understanding of why people in recovery experience a connection with others in recovery, why a common language exists between people in recovery and why people 'feel' they belong to such a community, despite the vast majority of people never physically interacting or encountering one another. The theoretical foundations for this paper lie in the work of Benedict Anderson's *imagined communities* (Anderson, 1983, 1991, 2006) and MacMillan and Chavis' concept of community (MacMillan & Chavis, 1986).

Anderson's *imagined communities*

Anderson developed his 'imagined communities' theory to explain nationalism. He posited that nations evolve when large numbers of people consider themselves as part of the same nation, or behave as if they have formed one (Anderson, 2006). We consider this a strong theoretical grounding for our conceptualisation of the

recovery community. There are several pertinent components of his theory, the first being the idea of 'imagined'. '

The meaning of 'imagined'

Imagined' does not refer to *"'fabrication' and 'falsity'"* (Anderson, 1983, p. 15) (Anderson, 1991, p. 6) (Anderson, 2006, p. 6) but to the idea that members within *"even the smallest nation"* (Anderson, 2006, p. 6) will never know, meet, hear or encounter all their fellow members, yet still experience an image of communion and kinship (Anderson, 2006). Anderson (1983, 1991, 2006) suggests that national identity and communion amongst its members occurs on a discursive and symbolical level, so that members share, or imagine they share meaningful elements (Berlant, 1991). Central to this is *language*.

Anderson argues that language, in particular language portrayed through the media, plays a key role in national identity, regardless of the geographical enormity or population size of any given nation. Anderson (2006) suggests that a common language develops due to the proliferation of *print capitalism* - the expansion of public, distributable rhetoric, primarily in the form of national and local newspapers. This, in turn, encourages millions of people to become aware of others who share their nation or language. Through print capitalism, an exponential growth of a common language and common cultural dispositions can become pervasive throughout a community or nation (Anderson, 2006).

Since Anderson first presented his 'imagined communities' concept in 1981, and even the third revision in 2006, there has been a revolution in electronic communication, social media and the ubiquitous reach of the Internet. Given the ease with which people can read what others are saying and directly communicate, Anderson's ideas need to be recast for the modern age. Consequently, the Internet enables an individual in recovery in Australia, to have an 'imagined' affinity with an individual in recovery in England, or the US, or Japan.

Anderson's *community*

Anderson's *community* refers to the idea that whilst there may be *"actual inequality and exploitation"* (Anderson, 2006, p. 7) within each nation, there is a deep, horizontal comradeship that connects people. In Anderson's theorisation of 'community', connections exist between people within a given nation, but rarely, if at all, do they extend beyond national borders: they are *limited* (Anderson, 1983, 1991, 2006). However, our conceptualisation of the recovery community incorporates the Internet; a medium that allows connections to exist across geographical boundaries.

The 'virtual community' is increasingly being considered a part of community research (Jones, 1997), as well as 'portable communities' that physically and intermittently gather but then disperse (Gruzd, Wellman, & Takhteyev, 2011). These will become a pertinent feature of our conceptualisation, as both the virtual and portable community are rapidly becoming features of the recovery community.

Anderson's 'community' does pose a tension with more traditional sociological conceptualisations of community. For example, traditional definitions of community suggest spatially compact groups of people who physically interact and display high levels interconnectedness (Wellman & Leighton, 1979). The tension with Anderson's community concept lies therein, with his suggestions that community is 'imagined' across vast distances and people that may never meet. To resolve this, MacMillan and Chavis' *sense of community* theory is used.

MacMillan and Chavis' *community*

According to MacMillan and Chavis (1986), *community* is concerned not with the structure, setting and formation of communities, but with the *experience* of community. MacMillan and Chavis' *sense of community* theory (1986) is centred on the understanding of individual's perceptions, feelings and attitudes of a community, and their relationship to others within that community. There are four components to the theory: i) *membership* refers to the sense of belonging or a sharing of a sense of relatedness with others; ii) *influence* refers to feelings of making a difference within the community to other members; iii) *integration and fulfilment of needs* refers to the individual's feelings of support from others (as well as providing support), and that membership to a community will result in any of *their* needs being met, and finally; iv) *shared emotional connection* relates to the individual's sense of similar experiences with others in any given community (MacMillan & Chavis, 1986).

MacMillan and Chavis' (1986) definition *"strengthen*[s] *some of the connections that Anderson's phrase 'imagined community,' implies but leaves rather vague'* (Haesly, 2005, p. 9). It provides a framework to explain *"the social and psychological mechanisms that serve to link individuals to their community – even if that community is an imagined community"* (Haesly, 2005, p. 9).

The imagined recovery community: A common language

Anderson (2006) suggests that newspapers encourage mass circulation of common language and cultural dispositions within a community. We suggest that recovery literature performs the same function within the imagined recovery community. Language and literature play a central role in our 'imagined recovery community', as it is through a common language of recovery, and being able to access common recovery literature via books or online, that people who may never meet, know or hear about one another, can 'imagine' a sense of communion with others in addiction.

Perhaps the greatest contributor to the common recovery language, is the 'Big Book'; the fundamental text of AA that documents the stories of thousands of men and women in recovery from alcohol dependency (Alcoholics Anonymous, 1989). The abutment of AA is the 'twelve steps and twelve traditions'; how to initiate, sustain and maintain recovery - a significant portion of the book that has made, and continues to make, significant contributions to the common recovery language. Its focus on abstinence and the classic adage *'once an addict, always an addict'* represents discourse that signifies alcoholism as a life long illness, a cultural view

pervasive not just throughout the recovery community, but the wider community also.

The 'Big Book' is a classic example of Anderson's print capitalism. The proliferation of the Big Book and its values has led to the creation of a common language amongst any individual who attends any of the 'Anonymous' group. Since its creation in the 1930s, millions of individuals are now aware of AA in other countries, and through the values advocated by the Big Book, an 'imagined' or perceived connection can exist between them. Cultural dispositions relating to AA are also likely to become common knowledge across AA members. For example, sitting in a circle and recounting stories (Cain, 1991; Humphreys, 2000), providing updates on progress (Humphreys et al., 2004), 'working the steps' (Greenfield & Tonigan, 2013) and uttering the famous phrase 'My name is _____ and I am an alcoholic'.

Today, the Internet allows for print capitalism to go online, reaching even more people. For example, there are now many AA communities and other recovery-orientated groups accessible online all over the world. Through access to online groups, mass circulation of recovery orientated views and concepts, and a common language associated with these concepts, can be experienced by many more. This suggests, therefore, that the 'imagined recovery community' is not 'limited' or confined by finite boundaries, as Anderson (1983, 1991, 2006) suggests is this case with his depiction of imagined communities, but is *limitless*. This, however, raises a metaphysical conundrum: how does anyone *know* that *their* understanding is shared?

The imagined recovery community: A shared understanding

It is important to state that we acknowledge the very 'real' element to recovery also. For example, 'Recovery Month', is celebrated by over 100,000 people across 200 public events throughout the US (Mistral & Wilkinson, 2013). Recovery marches too, are other examples of tangible recovery interactions. In this sense, the recovery community is 'imagined', as well as 'real'. It is 'imagined' because a shared understanding of recovery language and culture allows people to understand the recovery of another despite never encountering one another. It is real because individuals do interact and encounter one another at recovery events or within smaller communities of recovery – those communities that are 'real' examples of recovery in the community such as the local AA group or within therapeutic communities (White & Kurtz, 2006). We also suggest that through real interactions that exist in 'communities of recovery', the common language of recovery and associated cultural artefacts of recovery become reinforced on a more local level.

Is the 'imagined recovery community' really a community?

The main issue over conceptualising the 'imagined recovery community' as a community is that in many cases, people never physically interact with one another; historically, the defining feature of a community (Wellman & Leighton, 1979). To address this, MacMillan and Chavis' (1986) *sense of community* theory is drawn upon.

Individuals in recovery are likely to experience *membership*, a sense of belonging or personal relatedness with others. The common language and experience of being in recovery contributes to feelings of membership with the recovery community and others in it. Second, individuals in the 'imagined recovery community' could experience *influence*, a sense of 'mattering' and making a difference to a group. This is especially true in modern times due to the Internet and the proliferation of online groups in which people can provide support and advice for others, despite never physically encountering one another.

Third, individuals who are part of the 'imagined recovery community' are likely to experience *integration and fulfilment of needs*, hence their continued affiliation with the community. Whilst this is more likely to be evident on a 'communities of recovery' scale where people can physically provide support and advice to others, it is also likely to manifest across much larger distances. Online recovery orientated groups for example, provide individuals with access to others in recovery, and, therefore, access to resources that potentially meet their needs in recovery. Finally, individuals in the 'imagined recovery community' are likely to experience a *shared emotional connection* with others in recovery. Regardless of location, individuals in recovery will likely share similar experiences with others, with common narratives evident across a wide range of recovery efforts. This is the product of a common language existing across the recovery movement. By utilising MacMillan and Chavis' (1986) theory of community, it allows for a deeper explanation of the social and psychological mechanisms that connect people in our imagined recovery community.

Using MacMillan and Chavis' (1986) approach, it allows us to extend our 'imagined recovery community' to virtual communities located on the Internet, and 'portable communities' that meet and disperse. The development of the Internet has made recovery-orientated virtual communities accessible by anyone with an Internet connection, thus extending its reach beyond real communities of recovery. The 'sense of community' theory underpins the 'virtual recovery community' as 'imagined', as people entering into such virtual communities experience some sense of community (Gruzd et al., 2011).

We suggest, however, that whilst the Internet is a *virtual* platform, it also provides *real* emotional support. As MacMillan and Chavis (1986) propose, a *shared emotional connection* allows for a sense of community to develop, as it gives rise to shared experiences. We suggest that through such shared experiences of recovery, the 'imagined recovery community' provides very real, emotional support to people undertaking such a task. On a more practical level, whilst the connection between people in recovery might be virtual, it is still a connection between real, physical individuals that can provide support and advice for one another. Finally, the Internet also provides access to forums and websites that advertise tangible gatherings of people in recovery, such as recovery marches or the celebration of 'Recovery Month' (Mistral & Wilkinson, 2013). The Internet, therefore, can provide access to physical interactions more representative of traditional community definitions.

‘Portable communities’ are those that physically meet and then disperse (Gruzd et al., 2011), an example of which are recovery marches (Mistral & Wilkinson, 2013). In the case of ‘portable communities’ of recovery, they represent physical interaction within a set time period. They also serve to reinforce the imagined recovery community, as upon dispersion of the portable community, communication of such events is likely to take place in their respective communities of recovery, as well as in online forums and support groups. This serves to reinforce the limit*less* nature of the ‘imagined recovery community’.

There are, however, two groups of people that pose a potential problem for our ‘imagined recovery community’ – those with an *indirect connection* to addiction and those that no longer identify with their addiction.

An indirect connection

When considering those with an indirect connection to the ‘imagined recovery community’, we are referring to the family members and friends of people with substance dependency issues. These are a group of people who could potentially possess a considerable amount of knowledge on substance dependency, arguably comparable to people with firsthand experience of dependency, but from a different social position. There are physical ‘communities of recovery’ specifically designed for such a group, for example, mutual aid groups such as ‘Al-Anon’, ‘Adult Children of Alcoholics’, ‘Co-Dependents Anonymous’ and ‘Co-Anon’ (Gallogly, 2009; Humphreys, 2004).

Addiction as a family illness is also supported by the literature. Studies have found addiction has financial implications for family and friends, (Weisner, Parthasarathy, Moore, & Mertens, 2010), often has considerably detrimental effects on relationships (Room, 2005) and can have collateral impacts on the mental health of family members and friends (Lennox, Scott-Lennox, & Holder, 1992).

We are inclined to suggest, therefore, that family members and friends of people with addiction issues can be considered part of the 'imagined recovery community'. Just as it is widely accepted that pathways and styles in recovery can differ amongst individuals with substance dependency, the recovery of family and friends represents another style. Whilst they may not have the direct experience of recovering from substance dependency that connects those in the 'imagined recovery community', family and friends' recovery is no less important. It is all dependent on whether such individuals want to be associated, or even consider themselves to be part of the recovery community.

Natural recoverers and the 'de-identified'

The second group of people who pose questions about the 'imagined recovery community' are those in 'natural recovery' or a group we have termed the *'de-identified'* – those who no longer self-identify with their recovery or the recovery community at all. 'Natural recoverers' are people who recover from their dependency issues with no intervention from any form of recognisable help whatsoever (Sobell, Ellingstad, & Sobell, 2000). This suggests they have never had contact with the recovery community or any communities of recovery. It is difficult

to know with any certainty, the extent to which an individual is a 'true natural recoverer', but the answer to this conundrum is ultimately the same. If they do not wish to be associated with the 'imagined recovery community' or are unaware of such a community, then affiliation with such a community does not exist.

With regards to those who are *de-identified* with the 'imagined recovery community', these are individuals who were once part of the recovery community, and associated with recovery services, but no longer recognise recovery as part of *their* identity. This could be because individuals feel that part of their life is behind them and want to leave it in the past. Others could de-identify due to bad experiences with the recovery community and recovery-based services and feel affiliation with such a community is no longer beneficial for their personal development. In either case, identification with the 'imagined recovery community' does not exist.

It is important to state that identification, and an individual's 'imagined' perception of the recovery community, is based on the individual's experiences, views and attitudes towards their own recovery. For many, this manifests in a perceived, or 'imagined' connection with others in recovery, yet for some, such an 'imagined' connection may not exist.

Summary and implications

We started by highlighting Anderson's position on nationhood: nations can evolve based on people who consider themselves part of that nation, and behave as if they

have formed one (Anderson, 2006). We have demonstrated that people in recovery can be conceptualised in the same manner. Our conceptualisation of the recovery community as 'imagined' provides a theoretically informed explanation as to why people in recovery who may never encounter one another, can still experience a connection. We suggest that the recovery community can be conceptualised as 'imagined' due to the common language that exists amongst those in recovery. Through Anderson's (2006) 'print capitalism', and, more recently, the Internet, individuals from any corner of the globe could access common recovery based information, language and cultural artefacts. There is also a 'real' element to the 'imagined recovery community', as the communities of recovery that people physically exist and interact in, represent tangible components of the 'imagined recovery community'.

It was also suggested that virtual communities extend the connectivity of the 'imagined recovery community', as the Internet provides a medium through which people can share common experiences of recovery without ever meeting. The Internet and online forums are becoming an increasingly common pathway for people accessing resources in recovery, as a "Google search' or another search engine is often the first port of call for a diagnosis of directory services to recovery (Davies, 2014).

There is a rapidly expanding evidence base exploring the impact of technology in recovery. For example, Computer Assisted Therapy (CAT) is heavily used in the mental health field (Davies, 2014). CAT is also considered to be transferrable to the

addictions field, as it allows practitioners to structure keyworker sessions, use the software as a point of discussion (Davies, 2014) and also enhances therapeutic relationships (Carroll et al., 2014). In the UK, the *Breaking Free Group* has found that online groups, combined with mentor (long term recoverers) life experiences has positive implications for strengthening the resilience of others less experienced in recovery (Breaking Free Group, 2014). Access to the Breaking Free Group has also had positive implications for homeless service users, with one individual even re-engaging with his family after learning how to use Facebook (Neale & Stevenson, 2014).

Furthermore, being able to access an 'imagined recovery community' is a potentially invaluable resource in recovery, as it allows people to share their recovery experiences, which in turn, can inspire others to flourish. As Davies (2014) points out, access to online communities such as 'In2Recovery' (see www.in2recovery.org.uk) can open up a global network of support for people in recovery – a potentially lifesaving implication that tackles the isolation and loneliness that comes with addiction.

Finally, 'portable recovery communities' provide a medium through which individuals from any location can congregate and celebrate recovery. This, according to Durkheim (1964), produces a level of connectivity across social circles that underpins solidarity within any given community.

The main implication of our 'imagined recovery communities' concept is that it provides a valuable explanation of why people in recovery, who may never meet, can still support one another. By experiencing an 'imagined connection' and a sense of community with others, an individual can still access potentially meaningful support. We suggest that by applying our 'imagined recovery community' concept, it is possible to better understand how people in recovery relate and interact with one another. By understanding *how* people in recovery interact with one another, it is possible to understand *what* can be done to provide and improve resources for people in recovery. Furthermore, an 'imagined recovery community' encourages affiliation for those that have been isolated for many years in recovery. Such a connection, even an imagined one, could provide comfort and support to people with addiction problems.

By providing a potential conceptualisation of how this particular community might identify itself, it could have an influence on how policy is shaped to help people in recovery. It also has the potential to open up dialogue across geographical boundaries so that positive policy and recovery initiatives can be shared between countries. Furthermore, our conceptualisation of the recovery community has the potential to identify global risk and protective factors for people in recovery, just as Anderson's 'imagined community' suggests for his depiction of nationalism.

We feel the most important component of our concept is the Internet. Just as Anderson's print capitalism facilitated the mass circulation of a common language, and meaningful, cultural artefacts (Berlant, 1991), in the modern age, the Internet

performs the same role. It allows us to potentially understand different styles of recovery; ranging from more modern recovery resources, such as online forums, developed in the Internet era, through to organisations such as AA that existed prior to the Internet. It also allows us to understand the shared symbolic systems and practices created and modified within these communities. Finally, facilitated by the Internet, the imagined recovery community encourages more flexible and open interventions to be developed to help people in their specific locations.

We suggest that future research should explore the reasons behind why some may prefer to use online recovery support groups. A deeper understanding of this could elucidate ways that these platforms could improve the services they offer. It would also be interesting to engage with 'natural recoverers' and those who do not identify with the imagined recovery community. Understanding their pathways in recovery would shed light on why some can sustain recovery without the apparent aid of any help.

Conclusion

The main implication of the 'imagined recovery community', and arguably the rationale behind this paper, is to make the recovery community a more visible entity. For those isolated in their addiction, with very little access to social support, access to an imagined recovery community that can provide support could be a valuable beginning to their recovery efforts. This is even more true today with the ubiquitous reach of the Internet and the proliferation of online recovery forums.

From a more theoretical point of view, an implication of this paper is to further stimulate research efforts in the recovery field. There are likely to be many smaller communities of recovery that could provide valuable insights into new areas of recovery or new approaches to recovery that are as of yet, void of research or unheard of. Access to such communities could open up new perspectives, cultures and language in recovery that could benefit many. A much debated concept is 'pathways of recovery', but where do we these pathways lead? Our conceptualisation of the 'imagined recovery community' provides a theoretically elegant answer to this question.

References

Alcoholics Anonymous. (1989). *Twelve Steps and Twelve Traditions*. Minnesota: Alcoholics Anonymous World Services, Inc.

Anderson, B. (1983). *Imagined Communities: Reflections on the Origin and Spread of Nationalism*. London: Verso.

Anderson, B. (1991). *Imagined Communities: Reflections on the Origin and Spread of Nationalism* (2nd ed.). London: Verso.

Anderson, B. (2006). *Imagined Communities: Reflections on the Origin and Spread of Nationalism* (3rd ed.). London: Verso.

Berlant, L. (1991). *The Anatomy of National Fantasy*. Chicago: University of Chicago Press.

Berridge, V. (2012). The rise, fall, and revival of recovery in drug policy. *The Lancet, 379*(9810), 22-23.

Betty Ford Institute Consensus Panel. (2007). What is recovery? A working definition from the Betty Ford Institute. *Journal of Substance Abuse Treatment, 33*, 221-228.

Breaking Free Group. (2014). A confidential online treatment and recovery programme for problem alcohol and drug use. Retrieved from http://www.breakingfreeonline.com/?AspxAutoDetectCookieSupport=1

Cain, C. (1991). Personal stories: identity acquistion and self-understanding in Alcoholics Anonymous. *Ethos, 19*(2), 210-253.

Carroll, K. M., Kiluk, B. D., Nich, C., Gordon, M. A., Portnoy, G. A., Martino, D. R., & Ball, S. A. (2014). Computer-Assisted Delivery of Cognitive-Behavioral Therapy: Efficacy and durability of CBT4CBT among cocaine-dependent

individuals maintained on methadone. *The American Journal of Psychiatry, 171*(4), 436-444.

Cloud, W., & Granfield, R. (2008). Conceptualizing Recovery: Expansion of a Theoretical Construct. *Substance Use and Misuse, 43*(12-13), 1971-1986.

Cloud, W., & Granfield, R. (2009). Conceptualising recovery capital: Expansion of a theoretical construct. *Substance Use and Misuse, 42*(12/13), 1971-1986.

Davies, G. (2014). Technology and recovery part 1- guest blog by Glyn Davies. Retrieved from http://recoveryreview.net/2014/11/technology-recovery-part-1-guest-blog-glyn-davies/

Durkheim, E. (1964). *The division of labor in society*. New York: Free Press of Glencoe.

Gallogly, T. (2009). Addiction is a family illness. Retrieved from http://realisticrecovery.wordpress.com/2009/06/09/addiction-is-a-family-illness/

Granfield, R., & Cloud, W. (1999). *Coming Clean: Overcoming addiction without treatment*. New York: New York University Press.

Granfield, R., & Cloud, W. (2001). Social Context and Natural Recovery: The Role of Social Capital in the Resolution of Drug-Associated Problems. *Substance Use and Misuse, 36*(11), 1543-1570.

Greenfield, B. L., & Tonigan, J. S. (2013). The General Alcoholics Anonymous Tools of Recovery: The Adoption of 12-Step Practices and Beliefs. *Psychology of Addictive Behaviors, 27*(3), 553-561. doi:10.1037/a0029268

Gruzd, A., Wellman, B., & Takhteyev, Y. (2011). Imagining Twitter as an Imagined Community. *American Behavioral Sceintist, 55*(10), 1294-1318.

Haesly, R. (2005). *Making the imagined community real. A critical reconsideration of Benedict Anderson's concept of imagined communities*. Paper presented at the Annual Meeting of the International Studies Association, Honolulu, Hawaii. http://citation.allacademic.com/meta/p_mla_apa_research_citation/0/6/9/5/0/pages69501/p69501-1.php

Home Office. (2010). *Reducing Demand, Restricting Supply and Building Recovery: Supporting People to Live a Drug Free Life.* London: Home Office.

Humphreys, K. (2000). Community narratives and personal stories in Alcoholics Anonymous. *Journal of Community Psychology, 28*(5), 495-506.

Humphreys, K. (2004). *Circles of Recovery: Self-Help Organizations for Addictions*. Cambridge: Cambridge University Press.

Humphreys, K., Wing, S., McCarty, D., Chappel, J., Gallant, L., & Haberle, B. (2004). Self-help organizations for alcohol and drug problems: toward evidence-based practice and policy. *Journal of Substance Abuse Treatment, 26*, 151-158.

Jones, Q. (1997). Virtual-Communities, Virtual Settlements & Cyber-Archaeology: A Theoretical Outline. *Journal of Computer-Mediated Communication, 3*(3), n.p.

Laudet, A. B., & Humphreys, K. (2013). Promoting recovery in an evolving policy context: What do we know and what do we need to know about recovery support services? *Journal of Substance Abuse Treatment, 45*(1), 126-133. doi:10.1016/j.jsat.2013.01.009

Lennox, R. D., Scott-Lennox, J. A., & Holder, H. D. (1992). Substance abuse and family illness: evidence from health care utilization and cost-offset research. *Journal of mental health administration, 19*(1). doi:10.1007/bf02521310

MacMillan, D. W., & Chavis, D. M. (1986). Sense of community: A definition and theory. *Journal of Community Psychology, 14*(1), 6-23.

McKay, J. R. (2009). *Treating Substance Use Disorders WIth Adaptive Continuing Care*. Washington: American Psychological Association.

Mistral, W., & Wilkinson, S. (2013). Movements Towards Recovery. In W. Mistral (Ed.), *Emerging Perspectives on Substance Misuse* (pp. 187-205). Chichester: Blackwell.

Neale, J., & Stevenson, C. (2014). The use of computer-assisted therapy by homeless drug users living in hostels: An explorative qualitative study. *Drugs-Education Prevention and Policy, 21*(1), 80-87. doi:10.3109/09687637.2013.836156

Roberts, M., & Bell, A. (2013). Recovery in mental health and substance misuses services: a community on recent policy development in the United Kingdom. . *Advances in Dual Diagnosis, 6*(2), 76-83.

Room, R. (2005). Stigma, social inequality and alcohol and drug use. *Drug and Alcohol Review, 24*(2), 143-155. doi:10.1080/0959230500102434

Sobell, L. C., Ellingstad, T. P., & Sobell, M. B. (2000). Natural recovery from alcohol and drug problems: methodological review of the research with suggestions for future directions. *Addiction, 95*(5), 749-764. doi:10.1046/j.1360-0443.2000.95574911.x

UK Drug Policy Commission. (2008). *Working towards recovery: getting problem users into jobs*. London: UK Drug Policy Commission.

Weisner, C., Parthasarathy, S., Moore, C., & Mertens, J. R. (2010). Individuals receiving addiction treatment: are medical costs of their family members reduced? *Addiction, 105*(7), 1226-1234. doi:10.1111/j.1360-0443.2010.02947.x

Wellman, B., & Leighton, B. (1979). Networks, neighbourhoods and communities. *Urban Affairs Quarterly, 14*(3), 363-390.

White, W. L. (2007). Addiction recovery: Its definition and conceptual boundaries. *Journal of Substance Abuse Treatment, 33*(3), 229-241. doi:10.1016/j.jsat.2007.04.015

White, W. L. (2009). *Peer-based addiction recovery support: History, theory, practice, and scientific evaluation.* Chicago: Great Lakes Addiction Technology Transfer Center and Philadelphia Department of Behavioral Health and Mental Retardation Services.

White, W. L., Kelly, J. F., & Roth, J. D. (2012). New Addiction Recovery Support Institutions: Mobilizing Support beyond Professional Addiction Treatment and Recovery Mutual Aid. *Journal of Groups in Addiction and Recovery, 7*(2-4), 297-317.

White, W. L., & Kurtz, E. (2006). The Varieties of Recovery Experience. *International Journal of Self-Help and Care, 3*(1-2), 21-61.